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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

DISPLACEMENT OF THE LEFT OVARY—BATTEY'S OPERATION—DEATH.*

BY JOSEPH IUTZI.

In the early part of November, 1881, I was called upon to treat Mrs. P., aged thirty-five years; American by birth; occupation, laundress. She was the mother of two children, aged respectively six and eleven years. Had been suffering more or less for about a year previous to my first visit. She confessed that she had been guilty of producing an abortion upon herself, and attributed her illness to that cause. She was pale, and bore upon her countenance the impress of prolonged and intense suffering. All her sufferings were greatly increased during her menstrual periods. There were tender points over the spinous processes in the dorsal and lumbar regions, and also over the sacrum. She complained of excessive dragging pains in both iliac regions, and of almost constant pain in the left side. She was troubled with leucorrhea, which, however, was slight in amount. Her menstrual flow was regular as to time, but never

*Read at the meeting of the Tri-States Medical Association.

excessive as to quantity. From the above symptoms I suspected some uterine disease or displacement.

I put the patient upon a tonic and anodyne treatment until the more painful symptoms had subsided, when I made an attempt to examine the pelvic viscera, but upon introducing the finger into the vagina I found such a degree of hyperesthesia and vaginismus as to preclude any intelligent search for uterus or ovaries. I next introduced a Nott's tri-valve speculum, but upon dilating it, the vagina so pressed into the inter-spaces between the blades as to prevent a view of the os uteri. An attempt was now made to introduce a cylindrical speculum, but the most careful manipulation produced such an intensity of suffering as to cause me to desist from any further attempt to examine the womb for the time being. Prescribed vaginal suppositories of belladonna and morphia to relieve the vaginal hyperesthesia, without producing the desired result. The patient's general condition improved during the spring and summer of 1882, but the hyperesthesia of the genital tract continued. For this I now prescribed one part of iodoform to four parts of vaseline to be put into rectal capsules, one to be introduced into the vagina three or four times a day. Under this treatment the trouble yielded to a very material extent. This enabled me to introduce a tri-valve speculum and dilate it so that I could make a tolerable examination of the womb, which appeared to be in a fairly healthy condition and in its normal position. On a subsequent examination the speculum gave intense pain when it was fully introduced, the patient saying that it hurt her very much when it struck a particular spot. This led me to seek for the cause of the pain, but I did not meet with success, suspecting, however, that it was a prolapsed ovary. I should have said in its proper place that upon two occasions during the winter of 1882 and 1883 the patient had a vicarious hemorrhage from the lungs at the menstrual period. This hemorrhage would last about three days, when it gradually diminished as the normal flow commenced. I invited Dr. Kersey, of Richmond, to see the case with me. We ex-

amined her in the erect position and readily detected a small tumor just behind the cervix. Pressure upon the tumor produced a peculiar sickening pain. Its shape, size, consistence, and position, taken in connection with the above detailed history, left no doubt that we were dealing with a displaced ovary. I put the patient in the knee and breast position, pushed up the ovary, and placed a small bundle of cotton saturated with glycerine behind the cervix. This gave comparative relief for about twelve hours, when the pain returned as severe as ever. This device was repeated several times with poor success. I now replaced the ovary, introduced the cotton as before, and held it in place with a soft rubber air disk pessary. This answered my object very well until the bowels were moved, when the pain became most excruciating. It is probable that when the bowels were moved, the ovary slipped down behind the mechanical appliance, and was wedged in between it and the sacrum. During the removal of the pessary the patient fainted away. It seemed to me that the mechanical treatment did more harm than good. It was therefore discontinued; but as the patient's life was a burden to her, and her suffering most distressing to witness, I proposed that she have her ovaries removed.

Dr. Weist, of Richmond, was invited to see the woman with me, and after a due consideration of her past and present condition, he agreed with me that this was the only resort which promised benefit. After fairly presenting to the patient the dangers and benefits of the operation, she consented to have it performed. Consequently, on March 9, 1883, Battey's operation, by the abdominal incision, was performed by Dr. Weist, and both ovaries and the left Fallopian tube removed.

The right ovary was healthy, but the left was inflamed, enlarged to twice the normal size, prolapsed and adherent to the Fallopian tube. Peritonitis set in on the following day and increased in intensity until the patient died, on the third day after the operation. No post-mortem examination was made.

Displacement of the ovaries occurs in various directions. The most frequent is that into Douglas's cul-de-sac. Other varieties

are rather rare. Sometimes the displacement is in the course of the inguinal canal, being found even in the labia. Kiwisch reported a case where the ovary formed part of a hernia through the foramen ovale. Again, it has been found displaced under the crural arch, through the ischiatic notch, and, remarkable as it may seem, in one instance it formed a part of the contents of an umbilical hernia (Deneux, according to Lawson Tait).

Lawson Tait* speaks as follows upon this subject: "There can be no doubt that by far the larger number of these cases arise in a condition which is practically that of sub-involution, and in two anatomical facts we have a complete explanation of this result. Turning to Henning's table (p. 4), it will be found that the ovary of the puerperal woman is extremely large, indeed, nearly twice as large as it is at any other time. It is also extremely remarkable that the left ovary is increased in the puerperal woman to a much greater degree than is the right, a circumstance which I have no doubt is fully explained by the want of a valve in the left spermatic vein. As the ovaries rise in the abdomen with the pregnant uterus, their ligaments, their tubes, and every thing connected with them rises in proportionate degree. It is not, therefore, to be wondered at that any incident which interferes with subinvolution of the uterus after parturition should also affect the ovary. One of the most common results of subinvolution of the uterus is retroflexion, and therefore it is that we have a large number of cases of dislocation of the ovary downward associated with this displacement, and my experience is entirely in accord with that of Professor Goodell, when he says that if we find a dislocated ovary, it is almost sure to be the left. It is therefore practically a subinvolution of the ovary with which we have to deal; and as in the uterus we have hyperemia of the organ gradually passing into chronic metritis, so we have a similar process occurring in the ovary, and in several remarkable cases, in which I have been obliged to remove the ovaries on account of extreme suffering, I have found the organs in a condition of chronic inflammation and

*Diseases of the Ovaries.

greatly enlarged, associated with chronic fundal metritis, and enlargement of the whole body of the uterus. In these cases, intractable menorrhagia has been a leading symptom, and the monthly engorgement involved by the process of menstruation leads of necessity to an increase of the symptoms and an exaggeration of the pathological condition." It is consequently any thing that causes increased weight of, or traction upon, the ovary that causes its displacement. It may be found in the virgin, but it usually occurs in women who have borne children. The march of the disease is usually as follows: A woman who has recently been confined convalesces slowly, menstruates soon after confinement, often profusely and with great pain; suffers considerably when at stool, or when she walks or makes any unusual exertion. Sexual intercourse is often excessively painful, so much so as even to make it impossible to the woman. The profuse and oft-recurring menstruation soon impairs her health, makes her anemic, sets up a train of reflex nervous symptoms that will make her life a burden. Prolapse is so frequently found in connection with retroversion or retroflexion of the uterus, that we might easily mistake the former condition for the latter. The diagnosis ought not to present any great difficulties. The direction of the uterine probe, the absence of the body of the uterus from the hypogastric region, and the continuity of the tumor with cervix uteri ought to enable us to distinguish between the two organs. Then again pressure upon a diseased ovary produces a peculiar sickening pain and often aggravates the reflex nervous symptoms. Pain during the act of defecation as well as upon locomotion is a frequent symptom of a displaced ovary. All the symptoms are apt to be greatly aggravated about the menstrual period.

The indications in the treatment of these cases are to return the displaced ovary to its proper place, and to keep it there. In order to do this properly, it is often necessary to first correct the congestion or inflammation of the pelvic organs and to improve the general health. Sometimes, however, both uterus and ovaries have formed abnormal adhesions, when, as a matter

of course, any mechanical appliances are contra-indicated, or should, at least, be used with great caution.

In suitable cases Thomas's retroversion pessary acts excellently well in holding the uterine body in its proper position, and lifting up the prolapsed ovary. When, however, there is great tenderness, we may do mischief with this kind of instrument, and when we may resort to the packing of cotton behind the cervix uteri after the organs have been replaced. Even this sometimes does more harm than good, when we may resort to the genu-pectoral position as advised by Dr. Goodell. (See Tait on Diseases of the Ovaries, p. 45.)

Physiological rest should be observed as nearly as is possible. The patient should pass the whole of her menstrual period in bed. Sexual intercourse must be interdicted. To relieve intra-pelvic congestion I have found nothing better than vaginal and rectal irrigation with water as hot as can be borne by the patient, and continued for twenty to thirty minutes, twice a day.

To improve the general health, we are apt to be tempted to the use of iron. This is contra-indicated, as it is likely to induce excessive flow at the menstrual period. The vegetable tonics are much better suited to these cases.

Tait lays great stress upon the following plan: Every alternate month give from five to twenty grains of bromide of potash twice a day, and during the intervening months give the same quantity of chlorate of potash. Also a pill of from one half to two grains of ergotin, to be taken for a few days before the appearance of menstruation, and during the whole of the period.

Goodell speaks highly of the following:

℞ Hydrarg. chloridi car., ... gr. i;
Ammonii chloridi, ... ʒ ii;
Mist. glycyrrhyz. co., ... fl. ℥ vi. M.
Sig: One dessertspoonful after each meal in a wineglassful of water.

But it too often happens that all the usual means for bringing back the ovaries to a healthy condition are used in vain, and the wretched patient continues to suffer month after month from

year to year. It is now that oöphorectomy offers the only hope of relief, and the claims of the operation should certainly receive the most serious attention.

RICHMOND, IND.

THE QUESTION OF AMPUTATING AFTER SEVERE INJURIES TO THE EXTREMITIES.

BY LEVIN J. WOOLLEN, M. D.

The propriety of amputating after severe injuries to the extremities, often a question fraught with responsibility and embarrassment to experienced surgeons, becomes intensely so to the practitioner whose work lies in small towns and in the country. Deprived of the aid of those more experienced than himself, he is compelled to act upon his own judgment alone, and the life itself of the patient is thus made to hang on his single opinion. Circumstances having recently called my mind to the foregoing aspect of injuries of the character I have named, I was led to investigate it with more than ordinary thoroughness, in order to formulate, if possible, some general rules for my guidance in such cases. In addition to consulting such works on the subject as were in my reach, and which, I may add, did not afford me just what I was in search of, I addressed a letter to my friend, Prof. W. W. Dawson, M. D., of Cincinnati, and in answer received from that accomplished surgeon such plain, practical, and, it appears to me, such safe rules of proceeding in the cases named, that I take the liberty of copying them for the benefit of such readers of the AMERICAN PRACTITIONER as may belong to the same class of practitioners that I myself do. The following are Dr. Dawson's words:

PRINCIPLES WHICH SHOULD GOVERN IN THE TREATMENT OF INJURED LIMBS.

In the light of present experience the injury must be great if a *primary* amputation is justifiable. *Secondary* amputations yield results

equal almost, if not quite, to primary ones. This being the case, you are justified in making an effort to save the limb. Amputation should be resorted to when—

1. Where the soft parts are so devitalized that restoration may not be expected, as in railroad injuries or severe gunshot wounds.

2. Where the main artery supplying the limb is divided and the soft parts are badly injured, the limb should be removed. This rule does not apply in mere division of the artery; for then it may be ligated at both ends and the limb saved, if the soft parts are not greatly damaged. The division of a large vein or nerve does not place the limb in jeopardy, as some authorities suggest.

3. The mere exposure of a large joint does not justify amputation. It is called for only when the injury to the joint is associated with a devitalized condition of the associated tissues.

4. No amount of comminution of bone alone should lead to the sacrifice of a limb; for by the movo-immovable dressing the parts can be so securely held in position, can be kept so quiet, that repair may always be expected.

5. When amputation is demanded, Esmarch's bandage should always be used. It economizes blood, and hence prevents shock. If the operation must be made immediately, the elastic apparatus, by saving blood, prevents the increase of the shock.

By the Bavarian dressing we can give such rest and support that we can preserve limbs that with the ordinary appliances would be lost. With it we are justified in making an effort to save a limb, that with splints would be regarded as reckless.

The whole question may turn upon the mortality following the secondary and primary amputations, and the ability of the closely-fitting and easily-adjusted apparatus to save limbs—*badly*, *fearfully* injured ones—limbs that were formerly regarded as hopelessly damaged.

In my lectures I prefer the division of amputation into (1) immediate, (2) primary, (3) intermediate, (4) secondary. By the first is meant an amputation performed at once. By the second, an amputation performed within forty-eight hours after receipt of injury, before inflammation has become established. The third or intermediate is between this and the establishment of suppuration. The fourth, or secondary amputation, is one performed after the active symptoms have subsided. This is hardly before the end of seven days. At this time pus is freely proliferated, and tension, except where pus is confined, is at an end.

The intermediate operation is a dangerous one, for it is made in the face of a high grade of action, and should never be resorted to. Immediate operations are often unsafe; the surgeon adds to the shock of the accident the shock of the operation. He should wait for reaction, for he has forty-eight hours of safety, or, rather, he will not be prohibited by inflammation before the end of that period.

Wo unto the man who is operated upon in the intermediate period!

With positive rest and graduated but regular compression, such as we can get by the movable plaster-of-Paris dressing, we are destined to enter upon a new career, and our achievements will be marvelous as compared with the past, when the fragments were hourly disturbed, an ndages acted as cords to strangulate.

I believe that the above rules given by Dr. Dawson are of more value to an inexperienced surgeon who is compelled to decide upon the propriety of an amputation than every thing combined that I, at least, have found in the ordinary text-books. He that follows these rules strictly, and makes a proper application of the Bavarian bandage, will not, I feel assured, regret his course.

VEVAY, IND.

Reviews.

The Diseases of Women: A Manual for Physicians and Students. By HEINRICH FRITSCH, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by ISIDOR FURST. With one hundred and fifty-nine wood engravings. New York: William Wood & Co. 1883. 1 vol. 8vo. Pp. 355.

With a number of most excellent works on Gynecology already before the profession, it requires some courage on the part of author and publisher to introduce still another work. In this, as in many other fields, the struggle for existence is severe. The survival of the fittest is a law ominous of failure and speedy oblivion to all but productions of eminent merit. While such works as those of Thomas, Emmet, Hewitt, Sims, etc., are in the hands of almost every medical man, it is extremely hazardous to present a new candidate for professional favor.

Professor Fritsch's work is evidently intended to present the domain of gynecology as completely as the limits of two hundred and fifty-five pages (including the index) will permit. The first twenty-two pages are devoted to the anatomy and physiology of the female generative organs. The account of these is concise and generally clear. Here and there some obscurity of expression is noted, as on page 21, where the text reads, "There is no form of the vaginal portion (of the cervix?) which has been described as the cause of sterility in which conception does not occur spontaneously." If this means any thing, it means that conception in this portion of the female sexual organs may occur without any contribution from the male—a position so absurd as to need no contradiction.

The subject of General Diagnosis is considered in the fol-

lowing twenty pages, and ten pages are given up to Gynecological Antisepsis. This brings the reader to the beginning of the fifth chapter, which treats of General Therapeutics. The sixth chapter treats of the malformations and diseases of the female sexual organs. The morbid conditions of the female bladder and hysteria are also treated of. Two hundred and seventy-four pages are assigned to these, and constitute the main part of the work. To this the practical physician is most likely to turn in seeking information on some gynecological subject. In these pages he would seek for light in the management of an obscure and difficult case. By the manner in which the author treats the matter contained in these pages the work will be judged.

Here we find many important practical questions passed over in a very cursory manner. American physicians, who, as a rule, keep themselves informed of what is doing in the profession throughout the world, will be surprised to find that Prof. Fritsch has entirely ignored the achievements of their countrymen in uterine surgery. Sims receives but scant mention. In the paragraph on Inversion of the Uterus, which is very imperfect, the invention by the late Prof. Jas. P. White of his well-known instrument is not mentioned. Prof. Thomas's original and brilliant operation for the cure of inversion is not even hinted at.

The section on Diseases of the Ovaries is quite incomplete and unsatisfactory. Dr. Battey's operation, whatever Professor Fritsch's opinion of it may be, should certainly have received notice.

The article on Salpingitis is remarkable only for its brevity. Recent operations for the removal of the Fallopian tubes seem to have entirely escaped the author's attention.

If the author's account of pessaries fully represents his knowledge of the subject, his resources in their application to the relief of uterine displacements and the sufferings they entail must be more limited than is usual with most specialists in this department.

The book, though not without merit, advances no new facts or principles, and presents what is already known in no new aspect. It is certainly inferior to the works of Thomas, Emmet, and Hewitt. But withal, it is reliable so far as it goes, and, being much cheaper than any of the works just mentioned, it may find a wider circulation than it is entitled to on its intrinsic merit. The illustrations are borrowed, and many of them are very inferior.

A Practical Manual of the Diseases of Children: WITH A FORMULARY. By EDWARD ELLIS, M. D., late Senior Physician to the Victoria Hospital for Sick Children, etc. Fourth edition, revised and enlarged. New York: Bermingham & Co. 1882. 1 vol. 8vo. Pp. 218. Price $1.

The publishers of this volume are entitled to great credit for placing within the reach of all, even of the poorest medical men, many excellent works. The great cost of medical books is one of the difficulties encountered by the student just entering the rough path that leads to the doctorate, and of the young physician struggling for practice. Why medical books especially should be so very dear, is a mystery that only the initiated few are enabled to understand. The fact, however, is generally appreciated and complained of by medical men, and explains why many of them are not better acquainted with their profession. But when such works as the present can be had for the trifling sum of one dollar, those who do not read are not the men who can not afford to buy books, but those who prefer to remain ignorant.

Dr. Ellis's work has already passed through three editions. Time, which ultimately decides the real value of all things, has accorded to it a testimonial of merit which may not be recalled. It is plain, practical, and suggestive. It will be found far more serviceable than the portly, ponderous, padded volume of Meigs and Pepper. It will be consulted and read with satisfaction and

profit by many whose time and disposition both forbid the perusal of more elaborate treatises.

As must be expected in a work so limited in space, the author does not treat his subject exhaustively. Though dealing somewhat too much in generalities, and enunciating conclusions without giving the facts upon which they are based or the process by which they have been reached, still the author does give a large amount of plain practical advice, and frequently enters into details which are most welcome to young and comparatively inexperienced practitioners.

The Formulary at the close of the book is perhaps the least satisfactory part of it, the prescriptions are often ill selected, and they are badly arranged.

Neuralgia and the Diseases that Resemble it. By FRANCIS E. ANSTIE, M. D., London. New York: Bermingham & Co. 1883. 1 vol. Pp. 233.

Much has been written on the subject of neuralgia since the first appearance of this little work by the late lamented Dr. Anstie; yet nothing surpassing, or even equaling it, has since then been produced. The author had a clear conception of the subject, presented it in a clear and practical manner, and laid down principles of treatment which will continue to be the safe and efficient guide to the management of this often terrible disease. To be sure, new remedies have been brought to our knowledge since Dr. Anstie's untimely death; but his book remains to remind us how genuine and thorough he was in all his work. It will keep his memory green in the profession he adorned, for whose advancement he lived and labored and at last lost his life. This little book has been of great service in disseminating sound and useful knowledge concerning a disease often ill understood. For the perpetuation of the author's name it will be "*monumentum ære perennis.*"

The Change of Life in Health and Disease: A Clinical Treatise on the Ganglionic Nervous System Incidental to Women at the Decline of Life. By EDWARD JOHN TILT, M. D., etc. Fourth edition. New York: Bermingham & Co. 1883. 1 vol. 8vo. Pp. 250.

The reproduction of this excellent work in a cheap edition is an evidence that the American publishers appreciate not only the merit of the author, but also the wants of the profession. Dr. Tilt's style is pleasing, his experience in the treatment of diseases of women has been very large and varied, and he has utilized his ample materials with sound judgment and skill. It is a book of great value, and forms an important addition to gynecological literature. Having already passed through three editions in England, and being well known to the American profession, it is hardly necessary to make a more extended notice of this book. In its present form it is an attractive volume. The low price of one dollar places it within easy reach of every physician in the land.

Report of the Board of Health of the State of Louisiana to the General Assembly for the Year 1882 and the first Six Months of 1883, embracing the Quarantine and Sanitary Operations of the Board of Health during a Period of Eighteen Months, January 1, 1882, to July 1, 1883.

A ponderous volume of six hundred and thirty-seven pages, besides numerous large tables and illustrations. A monument to the laborious industry of the distinguished President of the Board, this belongs to a class of literature that must ever be mentioned with respect, but is not intended to be read. Such books are like the "Fathers in the desert"—to be admired, but not imitated. The wood-cuts are wretched, and illustrate only the incompetence of the artists.

Clinic of the Month.

CLINICAL LECTURE ON FAILURE OF SEXUAL DEVELOPMENT.—Prof. T. Gaillard Thomas, M. D., delivered the following interesting lecture at the College of Physicians and Surgeons, New York. The little girl whom I present to you to-day is a clinical lecture in herself. Her name is Rachel W., and her parents are Polish Jews. She is eighteen years of age, and yet, to look at her, you would never imagine that she was any thing more than a child of twelve. Physically she is, indeed, a girl of twelve; but chronologically she is a young woman of eighteen. The history, as derived from her mother and herself, is a very brief one: She is all the time sick, she says; complaining of weakness and more or less cough, and of pains in the head, back, chest, limbs, and lower part of the abdomen. In addition, her mother informs me that she has never in her life shown any sign of menstruation. It is true that, in answer to a leading question, she says that at a certain part of every month the pains mentioned are aggravated; but this statement must, I think, be received with some degree of allowance. When the girl speaks you can not but be struck by the peculiar character of her voice. It is that of a boy of eighteen, whose voice has just undergone the change incident to the age of puberty, and is certainly a much more man-like voice than that of her mother.

These, then, are the facts of the case. The inference which we draw from them is, that that remarkable change which ordinarily takes place at puberty has not in this instance occurred; a conclusion which is confirmed by the physical examination, of which I will presently speak to you. What the special reason for the non-appearance of this change is we can not say, though the ganglionic nervous system is probably at

fault. At the age of puberty, as you know, the uterus in ordinary cases rapidly grows to three times its former size, and the ovaries also become much more fully developed. Ovulation then takes place, and when menstruation has once commenced the uterus becomes still further enlarged. In a certain number of cases, such as you will meet from time in your practice, these changes do not take place. In the present instance the condition of the patient approaches that of cretinism, so commonly met with in some parts of Switzerland, except in regard to mental capacity, as this girl is perfectly intelligent. If nothing is done in the way of treatment, and possibly in spite of this, should it be attempted, she will be a little old woman at forty, no larger than she is now. Here there has been an abnormal development, so that the voice is that of a man. The mammæ are also like those of a man, and her form entirely lacks that rotundity and size which we ought to find at her age. The condition of this patient is, indeed, that of a woman from whom the ovaries had been removed before the age of puberty. There are, however, a few rare exceptions, in which the individual, while having the vagina, uterus, and ovaries perfectly developed, is yet altogether like a man in other respects.

I will now show you upon the blackboard what the vaginal examination revealed here. I found that the hymen offered no obstruction whatever, as one would naturally expect in such a case, and, passing my finger up the small vagina, I found at its upper extremity an acorn-like uterus, such as I now depict for you. By means of conjoined manipulation I then endeavored to determine the size and position of the ovaries, but found this quite impossible. Nothing is to be inferred from this, however, as it is often the case that the ovaries when of normal size, and even when somewhat enlarged, can not be found at all by the examiner. You should always receive with considerable allowance the statement of any one who says he can map out the ovaries with perfect ease. He may imagine that he does this; but the chances are that he is quite mistaken about the matter. In certain favorable subjects the ovaries, when of normal size,

can be thus mapped out; but in a very large number of cases this is utterly impossible. Here, then, we have an infantile, undeveloped uterus, with probably the same condition of the ovaries.

What is the prognosis in a case like this? Some fifteen or twenty years ago the treatment of such cases received a great deal of attention, and the gynecologists reported quite a number of successful results. I myself was one of those who did so, and who felt sanguine of the same good results in other cases. Since then, I must confess, I have lost a good deal of faith in regard to the matter, for I have found by experience that it is only in a very limited number of cases that treatment is at all satisfactory. While, however, I should be by no means hopeful in the case of this girl, I certainly think that she ought to have the benefit of a special course of treatment. It would be easy enough to say that, as nature had failed to do her part there would be no use in trying to accomplish any thing here. But instead of taking such a hopeless view of the case, which would condemn the girl to a life with very little happiness in it, I would advise that at all events the attempt should be made to spur on nature to carry on the development which for some reason she has hitherto neglected in this case. If at the end of three months of persevering and systematic effort no progress had been made, I should then think it useless to go on with any further treatment.

I shall therefore endeavor to persuade the mother to let her daughter enter my service at the Woman's Hospital, and I will now give you an outline of the plan of treatment that will be adopted in case she gives her consent. In the first place you will understand that if by any means, by directing nutrition to the uterus, we can enlarge the organ, a considerable amount of good will be accomplished; and if, in addition, the ovaries can be excited by reflex irritation, there will be some ground of hope for a successful result. In my private hospital there is at present a young girl of seventeen who has improved in the most wonderful manner under treatment, and in whom the menstrual

flow can now be brought on regularly every month. The plan of treatment that I pursue in such cases is as follows: I begin by inserting into the uterine canal a very small sea-tangle tent, which I keep in position by tamponing the vagina. This is to be removed in twenty-four hours, and in two or three days a slightly larger tent is put in. After a time two or three small tents may be used together, and in this way we can really make the uterus grow by producing an afflux of blood to the organ. It is, to be sure, a very clumsy way of accomplishing this; but as it is the only way that I know of, I am content to practice it. As time goes on we can use larger tents, and if we really succeed in increasing the size of the uterus somewhat, a glass stem should be introduced into the cavity and supported by a cup pessary. This stem should be worn both day and night, but should be taken out once in every three or four days. At the same time means should be directed to the improvement of the general system. Highly nutritious food is of the first importance, and the patient should have not three, but six meals a day. This is what the young lady of whom I have just spoken is getting. That is, she has her three regular meals, and, in addition, a tablespoonful of malt extract in a tumbler of milk midway between breakfast and luncheon, between luncheon and dinner, and when she goes to bed at night. Such patients rarely have an appetite, and they must really be forced to eat, although not exactly in the way in which fowls in course of artificial fattening in Europe are forced. Some of you may have seen at the *jardin d' acclimatation* in Paris the ingenious system of M. Martin, by which fowls, in consequence of forced alimentation given regularly every three hours, are doubled in weight in eighteen days; while in a barn-yard they might not fatten in six months. In the matter of feeding such patients it is almost always necessary to combat the will, and especially in regard to the matter of milk, which at first they all say that they can not possibly take. Girls of this class are always anemic, and require a large amount of nourishment. Look at the face of the one now before you, and see how pallid it is. Very

likely she takes a cup of tea and some bread for her breakfast, some salt meat or fish with potatoes for her dinner, and tea and bread again at night. If she should enter the hospital special attention would be paid to her diet, and I think it would be found that she would gain at the rate of two or two and a half pounds a week. But, besides, it would be necessary to look after the condition of her skin, which now feels more like iced parchment than any thing else that I can think of. The impression which it gives one is precisely that of the skin of a man suffering from cirrhosis of the liver. To bring about a healthy condition of the cutaneous surface she would be given three Turkish baths each week, and on the days when she did not have a bath massage would be thoroughly applied by a professional manipulator. In this way the entire skin would be stimulated to action, and passive exercise given to every muscle of the body. In addition, she would be required to exercise with gymnastic apparatus every day after the bath or the massage. In private practice it is, of course, not so easy to carry out such a course of treatment as in a hospital; but it should be imitated as far as possible, and if the mother of the patient is intelligent, all the principal difficulties in the way can be overcome. What, then, have we done so far? In the first place we have improved the blood state of the patient; secondly, we have improved the cutaneous circulation and given tone to the nervous system; and, thirdly, we have to some extent developed the uterus.

We now begin to add something to the treatment, and that is electricity. The galvanic battery, I think, is the best for the purpose, and a cup electrode should be placed over the cervix uteri while the other electrode is carried to the nape of the neck, and then down along the spine. In the same way an electrode should be placed over the ovaries in succession, so as to stimulate these organs also by direct irritation. It may be that in the course of three months after the commencement of the treatment an erratic hemorrhage from the uterus will come on, and this is to be regarded as a most encouraging symptom,

for it is almost sure to be followed by others. In my private case, as I said, I can now bring on the flow regularly every twenty-eight days, and the young lady is so greatly improved in every way that she and her friends are abundantly satisfied with the result, and she will now soon leave the hospital. She certainly looks like an entirely different person from what she did before the treatment was undertaken. For the present, however, she will each month come to my office three days before the time for the menstrual flow, when by means of a Peaslee uterine sound (which I prefer because it has a very blunt point), covered with rubber with the exception of the last two or three inches, a galvanic current will be applied to the to the fundus. The ovaries will also be stimulated by the same agent. On the following day, and again on the day when the flow is expected, this application will be repeated. In one case the procedure resulted in pelvic cellulitis; but, as this is the only instance out of a very large number of patients in whom I have used this course of treatment, I think there is very little danger of this occurring.

It is very evident that something ought to be done for this girl. It is very easy for the physician to screen his conscience under the shelter of a prescription in such cases; but in every instance of the kind an honest and persevering effort ought certainly to be attempted. If at the end of three months, however, there should not be any indication of ultimate success, it would scarcely be worth while, as I have intimated, to carry the trial any farther. My private case, to which I have so often alluded, has proved a brilliant success; but this, you must understand, is the exception rather than the rule. The first case which attracted special attention to this subject in this city was that of a young lady in high life who, in addition to her other troubles, suffered from epilepsy. A well-known gynecologist undertook her case and succeeded in bringing on the menses; while the epilepsy, greatly to the satisfaction of the patient and her friends, almost entirely disappeared in consequence. Of course, the success achieved in this instance induced many other physi-

cians to adopt the plan of treatment in similar cases. The reason that I do not have the same confidence in it that I did once is, that while in a few cases the method is successful, there are a great many others in which the result is negative. To illustrate how changes take place in medical opinion, I may mention that not longer than ten or twelve years ago sterility was almost universally treated in this city by cutting open the neck of the uterus. You all know the history of the operation, which was introduced by Sir James Y. Simpson, of Edinburgh. In only one case, perhaps, out of five hundred, it was successful, and so it gradually fell into disuse, until it is now almost entirely abandoned. It has, indeed, been given up more than I think it really ought to be, as there are a certain number of cases in which it seems to be legitimately called for. This is an important case, as it is a type of a class that you will meet with occasionally in practice, and I have dwelt upon it at considerable length for the reason that I may not have the opportunity of presenting another similar one during the course, as such cases are by no means very common.

If the patient will go in the Woman's Hospital she will be given the benefit of a systematic course of treatment such as I have described, and I will promise to report the progress of the case to you at least once a month while she remains. It is very doubtful, however, whether she will consent to enter the hospital, as persons of her race are apt to be strongly prejudiced against such institutions, and, indeed, against accepting charity of any kind. While speaking of her race, I may mention that it is very rare to find the condition here present in Jewesses, among whom the age of puberty, which, as you know, varies in different races and nations, occurs ordinarily at a very early period.

Poisoning by Salicylate of Soda.—Dr. Pineau writes, in *L'Union Médicale*, of a young man, suffering from typho-malarial fever, who took by mistake two and a half drams of salicylate of soda. Nothing unusual was noticed for over two

hours, when the patient was suddenly seized with extreme weakness, amblyopia, and tinnitus aurium. The entire surface of the body became blue and the extremities were cold. Finally such a profuse perspiration broke out that the mattress was soaked, and the patient was enveloped in steam as if in a vapor-bath. This condition lasted for about three hours. When seen, several hours later, the patient was pale and still covered with a cool sweat. He had not urinated for about twenty-four hours, but passed at this time nearly a pint of strongly acid urine, not albuminous, and containing 26.4 grams of urea per liter. The patient recovered without special treatment. The fever from which he was suffering subsided and convalescence became at once established. The reporter does not state the mental condition of the patient, except to say that he did not at any time lose consciousness entirely.

On the Active Principles of the Convallaria Majalis.—We condense the following from an article on the subject by M. C. Tanret, in the current number of the *Répertoire de Pharmacie:*

Messrs. Sée and Langlebert's researches do not appear to have proved definitely what part of the plant contains most of the active principles. The roots in their hands do not seem to have given the results which they expected. On the other hand, the extract of the flowers, although acting physiologically upon the lower animals, seems to have a much slighter effect on the human subject, the administration of an infusion of five or six grams (77.5 and 93 grains) being followed by no action whatever. As for the leaves, they have so little effect that an extract made from them had to be given in a triple dose in order to produce the same effects as an extract made from the other parts of the plant. The best results obtained were with a watery extract, made from the flowers and stalks, to which was added one third of their weight of roots and leaves.

It should also be observed that flowering time is not generally the period chosen for gathering plants for medicinal purposes, the

watery juices contained in the leaves and roots not being sufficiently elaborated at this season of the year. It follows, therefore, that the results obtained with the plant gathered in May might greatly vary if the gathering were deferred until late in the season, a serious consideration when we are dealing with so active a plant.

M. Tanret adds that the extracts alter more or less during evaporation, so that when considering the physiological effects of the convallaria it is better to deal with the active principles.

In 1858 Walz announced that the convallaria contained two glucosides which he respectively named *convallarine* and *convallamarine.* In 1867 Marmé obtained a purgative effect with convallarine in doses of from three to four grains, but he found that convallamarine acted principally on the heart when injected into the veins, and that in larger doses it caused death by stopping the action of the heart and setting up clonic convulsions, closely resembling in its action other cardiac poisons, such as digitaline, helleborine, antiarine, etc.

Convallarine is soluble in alcohol, but insoluble in water, whereas convallamarine is soluble, in all proportions, in water and methylic and ethylic alcohols, but insoluble in ethylic ether, amylic alcohol and chloroform. By boiling with acids it is converted into glucose and convallamaretine, according to Walz. It dissolves in sulphuric acid, forming a brown fluid, but if it is merely damped with water and then submitted to the action of this reagent it turns violet, the color disappearing on the addition of water. Its taste is bitter with a peculiar after-taste.

M. Tanret has modified Walz's method of obtaining this glucoside in the following manner:

Make an alcoholic tincture of the whole of the plant; precipitate with plumbic diacetate, and filter. Precipitate the excess of lead by dilute sulphuric acid, being careful not to add an excess. Distill off the alcohol, allowing the last portion of the alcohol to evaporate spontaneously. Filter and treat with tannin, taking care to keep the liquid neutral by careful additions of a weak solution of carbonate of sodium. Filter off the tan-

nic precipitate, wash, and dissolve in alcohol of 60°. Decolorize with animal charcoal and discompose with oxide of zinc, filter, and evaporate to dryness. Redissolve in alcohol and evaporate once more, the operation being repeated if necessary until the resulting product is nearly white. Thus prepared, convallamarine closely resembles digitaline. By this process two grams were obtained from twelve kilograms of the fresh plant gathered in the month of August.

The process of preparation, it will be seen, is in no way difficult, and if the convallaria is to take its place in our materia medica the use of the plant itself must be abandoned in favor of its glucoside, convallamarine. M. Tanret has been unable to detect M. Stanislas Martin's alkaloid, majaline, found by him in the flowers, either in the root, stalks or leaves.

M. Germain Sée has been investigating the physiological action of the aqueous extracts of the whole plant with the following results:

1. The convallaria majalis is a most important cardiac medicament.

2. Administered in doses of from one gram to one and a half gram per diem, the aqueous extract produces constant and constantly favorable effects on the heart by moderating its action, and often re-establishing its normal rhythm. On the other hand, the heart's action is strengthened, the exaggerated arterial beats are regularized and the respiratory system acquires greater inspiratory power, the difficulty of breathing being moderated, and giving rise to less painful symptoms.

3. It also acts in the most marked manner as a powerful, constant, and valuable diuretic, rendering it peculiarly fitted for the treatment of cardiac dropsy.

4. It is useful in all affections of the heart, there being apparently no contra-indications. It has no injurious effects on the crebro-spinal system, nor on the digestive organs. It does not accumulate in the system, and its effects speedily pass away.

5. For the above purposes it is superior to digitalis, which very often can not be exhibited, owing to its injurious action

on the appetite and the digestive organs, and to its causing vomiting and pupilar dilation after more or less prolonged use, effects being often produced diametrically opposed to those sought to be obtained.

6. It is inferior to morphine and iodine in the treatment of cardiac dyspnea; but the first-named medicament produces suppression of urine. In conjunction with the aqueous extract, potassic iodide plays a most important part in the treatment of cardiac asthma.

7. To sum up, the aqueous extract of convallaria majalis surpasses all other remedies in the treatment of cardial diseases, especially when complicated with dropsy, rendering the administration of other diuretics unnecessary. (The Chemist's Jour.)

ANEURISM OF THE ASCENDING POSTERIOR PART OF THE AORTA. L., aged thirty-five years, height five feet seven inches, usual weight one hundred and forty-two pounds, was admitted to the Eastern State Penitentiary, under a two years' sentence for larceny, in September, 1882, previous to which time he had been four months in a county jail. Sixteen years of his life were spent in various prisons under different sentences. No family history could be obtained.

His medical history dates back sixteen months ago, when he complained of pain between the shoulders, but he continued in comparatively good health until six months ago, when he began to complain of diffuse intercostal pains in both sides and pain in the epigastrium; also poor appetite, nausea, and indigestion; anemia and general debility. Upon careful examination, no organic disease was discovered. The heart was rather weak, but otherwise normal. Thoracic percussion was normal, except slight increased dullness under upper part of the sternum. Pulse feeble, but otherwise normal. There was no syphilitic history, no edema, no palpitation of the heart or precordial pains, and no interscapular pain during the past year. No bulging of the chest-walls, either anteriorly or posteriorly. No discoverable aneurismal bruit. In fact there

was nothing to indicate any organic disease. The case was examined by six reputable physicians, and all of them arrived at the same negative conclusion. The patient's physical condition steadily grew worse, and he was given the liberty of a large yard, excused from work, and allowed a plentiful, nutritious diet, general tonics, and anodynes for the neuralgias. Under this treatment he seemed to improve, but the neuralgias and insomnia continued.

Three weeks ago (August 28, 1883), while sitting in the yard, he suddenly grew very pale, complained of faintness, and was caught while in the act of falling to the ground. He was carried to the hospital department and given stimulants. The physician arrived in a few minutes and found him dying.

A post-mortem examination was made a few hours later by Dr. Robinson, assisted by Drs. Rudderow, Taylor, Weideman and Seltzer. A large tumor, found just above the heart, proved to be an aneurism of the posterior ascending portion of the aorta. The sac contained one and a half pints of freshly-clotted blood, unorganized, and its posterior wall was formed from three dorsal vertebræ, the bodies of which were very much eroded. There was also some erosion of the corresponding ribs and a slight bulging of the sac between them. The heart was very small, but free from disease. No other organic trouble observed.

A careful review of the case suggests the following thoughts to me:

1. That the disease was one of long standing, and that on account of the enforced quiet life of the subject, no inconvenience was experienced until erosion of the vertebræ was so extensive as to cause neuralgia of the adjacent nerves, and slight interscapular pain of but short duration.

2. That the case was rendered still more obscure by the facts that the opening into the sac was large, and that considerable portion of the sac-wall was made up of bone—both of which tend to destroy the possibility of there being a diagnostic aneurismal bruit.

3. That if there had been much interscapular pain, due to the erosion of the vertebræ, and it had been treated by introducing a seaton or issue in its vicinity, as has been lately recommended by standard authority (Thomas Harden—Quain's Med. Dict.), there would have been considerable danger of puncturing that portion of the sac protruding between the ribs.

4. That there can be a very large thoracic aortic aneurism without any bulging of the chest-walls, and that it may erode much of the bodies of the vertebræ without causing spinal curvature.

5. That as there was no hemorrhage into the thoracic cavity or canal of the spinal cord, death must have been due to pressure on some of the cardiac nerves or ganglia, and consequently collapse from heart-failure.

PUERPERAL INVERSION OF THE UTERUS.—Prof. Braun, of Vienna, reports in the *Wiener Med. Blätter*, Feb. 22d, the following interesting case, with remarks: A primipara, aged twenty, well nourished, but somewhat flabby and moderately plethoric, was delivered naturally of a healthy male child, about five hours after the rupture of the membranes, at 3 A.M. on July 1st. A few minutes later, without any traction having been made on the umbilical cord, a bag of membranes filled with blood protruded from the vulva and soon burst, discharging an enormous quantity of blood, mostly fluid, followed immediately by the inverted uterus with the placenta partly attached to its surface. The attendant, whose hand had been gently rubbing the abdomen, felt it at the same time suddenly empty. The uterus was replaced within the vulva, the placenta detaching itself in the process, and taxis was applied with the flexor surface of the fingers of the left hand. The right wall, corresponding to the pressure of the four fingers, was reduced first, and the other followed at once. Friction was then applied to the uterine wall by the right hand on the abdomen, against the left in the uterine cavity. Two quarts of a two-per-cent

carbolic solution were injected into the uterus, followed by four quarts of cold water, and subcutaneous injections of ergotin were employed. The patient had lost more than sixty-three ounces of blood, had almost lost consciousness, and was nearly pulseless. The lower extremities were, therefore, entirely enveloped in elastic bandages, the hip raised, and ether injections, tea with rum, etc. administered, until the pulse became moderately strong, and about one hundred and four in the minute. The temperature was not taken on account of the necessity of keeping the patient warmly covered. Ice was placed on the abdomen, and no massage employed, and the uterus contracted so well that five stools passed within the twenty-four hours without causing any attempt at inversion. In spite of the free administration of stimulants and fluid nourishment, by mouth and rectum, the heart's action increased until on the evening of the second day the pulse was one hundred and fifty-two, with a temperature of 97.16° F., and a disproportion between pulse and temperature was still present two weeks afterward. The importance of the auto-transfusion by means of the elastic bandages was shown by the subsequent history. When they were only partially loosened on the thigh, after four hours, symptoms of threatening collapse necessitated their re-application in a quarter of an hour; the attempt some hours later to bandage an arm and set free one leg produced dizziness, and the bandages could not be fully removed until after nineteen hours.

This case went on to complete involution of the uterus and usual health, and shows the operation of complete atony of at least a portion of the uterus in the production of inversion, which may then be induced even by the pressure of the abdominal muscles, so that it is not necessary to refer it always to external influences. The blood liberated by the partial detachment of the placenta collects between it and the uterine walls, flows into the membranes, and presses them down to the vulva, out of which they protrude, the blood behind meanwhile dilating the lower segment of the uterus. The sudden bursting of

the membranes and escape of the blood causes the inversion of the distended uterus, a partial inversion having probably already begun at the uncontracted seat of placental attachment, which may have been aided by traction on the part of the membranes.

Inversion is not so rare in primiparæ as has been imagined, and the following are the causes of its production in them: (1) Feebleness of uterine contractions from the length of the labor, even when it is terminated by forceps, is the first cause. (2) Attachment of the placenta to the fundus, which is more common in primiparæ, predisposes to inversion. (3) The tense vaginal walls do not give under the downward force, and therefore do not so easily prevent inversion. (4) The narrow vulva serves to hinder the outflow of blood, and so facilitates inversion through distension and subsequent sudden escape of the blood. In multiparæ, a predisposition to inversion may be occasioned by adherent placenta in previous labors. (Lond. Med. Record.)

Diagnosis of Pregnancy.—Loviot (*Jour. de Méd.*) considers that the diagnosis of pregnancy can be made with certitude even in the first three months before the fetal signs are present. He relies upon physical maternal signs revealed by palpation and the touch combined. By this means a tumor is recognized as being formed by the uterus modified by pregnancy. The superior segment of the uterus felt above the symphysis is a rounded depressible elastic tumor. The inferior segment is lowered, flattened, and enlarged and forms around the base of the cervix, which is a protuberance, a characteristic ring. The consistence of the gravid uterus is soft, supple, and elastic, gives to the finger on pressure the sensation of a rubber bulb, this sensation should be felt on all accessible portions of the uterus. M. Loviot avers that neither congestion, metritis, fibromata, even softened, give the same sensation. The presence of a fibroma along with pregnancy is no absolute bar to the diagnosis, for the notions of consistence will be sufficiently preponderant to fix the diagnosis surely. (Canadian Practitioner.)

Removal of Foreign Bodies from the Stomach.—Dr. J. R. Uhler, of Baltimore, says, in Maryland Medical Journal: In the Transactions of the Medical and Chirurgical Faculty for 1883, pages 81 to 86 inclusive, the chairman of the Section on Surgery quotes with approval several operations, taken from the journals, where the stomach was opened for the removal of foreign bodies that had been swallowed, and strengthens his opinion by statistics of recoveries in five out of seven cases where this procedure had been tried. He also, as a matter of precaution, perhaps, says "that incision in the stomach itself should not be longer than one eighth of an inch, unless made for the removal of a foreign body, and then as small as will permit of its extraction." Now, I want to protest against such a dangerous and pernicious procedure as the opening of the stomach for the removal of foreign bodies until all other means have been tried and failed, since there are cases on record where these substances have remained in the body for a considerable time with little harm, and chiefly because I can scarcely conceive of a foreign body being swallowed, and passing through the esophagus, that can not by one means or another be extracted or rendered harmless by manipulation through that tube alone, or through the esophagus and unopened stomach walls after the peritoneal cavity has been cut into sufficiently to admit the thumb and one or two fingers.

It will hardly be worth while to occupy space with a minute recital of the means at our disposal for the removal of foreign bodies, as most surgeons are, or ought to be, familiar with them, but a few that may be useful and that depend upon anatomical considerations may not be out of place. The stomach, as all physicians know, consists of a musculo-membranous sac and walls so thin that any hard object may be felt in it and grasped through its walls when the hand is placed in the peritoneal cavity. The same can be done through the abdominal walls in a very thin subject, while the patient is relaxed or kneeling, and perhaps, as related some years ago, by a little arm and hand feeling through the walls of the colon,

though not often. At the pyloric orifice and also at the cardiac end the stomach is more or less funnel-shaped or contracted, and when a person lies on the right side its contents gravitate toward the pylorus; but should he be reversed (head downward), with the body leaning somewhat toward the left, objects in the organ may be made to gravitate in the neighborhood of or into the entrance of the esophagus at the cardiac end. This much being granted, it is only necessary to pass forceps of the sliding, self-expanding variety, shaped like an old-fashioned lithotrity instrument or crayon holder with a ring around it, or any other forceps that will suit, through an esophageal tube, and when this tube has reached the entrance to the stomach protrude its claw-like blades, reverse and shake your patient, and with the thumb and forefinger on the outside of the abdomen, by external manipulation guide the foreign body between the blades of the instrument, which can now be tightened, and, if properly grasped, be gently withdrawn. Now this, to the uninitiated, may seem a very difficult procedure; but, after having passed the esophageal tube several hundred times, I can state that it is not so, but only requires gentleness and caution. The blades of the forceps should not at first be drawn too tight, but barely press against the foreign body, so as to give it a chance to swing around a little, if caught in the wrong direction when we pull upon it; but as soon as it is withdrawn a little way, and you find it comes with ease, make it as tight in the grasp of the forceps as possible. In the case of a fork or any cutting instrument, surround the lower part of the many-bladed forceps by a funnel of thin rubber tubing attached to the bottom of the esophageal tube, and, after the object has been grasped, slip this well over it as a cover, and withdraw. Where none of these procedures will do, and the object is of such a character that there is no hope of its partial disintegration in time from the juices of the body, or other means that I may mention hereafter, the peritoneal cavity may be opened, and the finger and thumb, or even our whole hand, be passed into it; and while the forceps protrude through the esophagus into the stomach

the foreign body may be placed, by said finger and thumb grasping it through the uninjured stomach walls, in any position we please in the jaws of the forceps and safely withdrawn; or if it be of such a character as to cut the esophagus, the forceps may be used to bend or break it, as with a calculus in the bladder. The dental engine or universal jointed lathe can also be employed to grind it or to cut it off in a tube, or otherwise, as may seem most desirable. Should light be required to aid the hand, Edison's small electric bulb or some other form may be used through the esophagus, being passed into the stomach before the forceps are introduced.

Under no circumstances that I can think of should a large incision be made in the stomach to remove a foreign body entire, but, at the worst, only one sufficient to admit small forceps, cutting instruments, the dental one previously mentioned, or something of the sort, to break in pieces, grind, or otherwise reduce in caliber, so as to allow of ready extraction through a small wound. Foreign bodies may be dealt with in the intestines by the employment of the fingers to push a substance out of the contracted portion of the gut, after the peritoneum has been opened, or when in the colon they may be removed by a small hand through the rectum.

Rectal Administration of Salines.—The following is the plan pursued by Dr. W. Jaworski, in the treatment of disorders of the large intestine (*Memorabilien*): In cases in which there is irregular action of the bowels (constipation alternating with diarrhea, or either of these conditions alone), when palpation reveals the presence of impacted fecal matters and points of tenderness in the large intestine, and when the stools are mixed with mucus, he uses injections of a two-and-a-half-per-cent solution of soda of increasing temperature. An ounce and a half of ordinary crystallized soda is dissolved in three pints of warm rain-water, and as much of this as possible is injected into the rectum, and retained by the patient for about five minutes. This is done every day, at least five injections being practiced. They

have the effect of cleaning the bowel of the masses of mucus. Then at least five more injections are given of the same solution, with the addition of a tablespoonful of common salt. These are given only every second day. After the rectum has been well cleansed, and little or no mucus is seen in the stools, the author uses enemata of warmed Karlsbad water, to every bottle of which, in cases of obstinate constipation, a tablespoonful of sulphate of soda is added. It is advisable, during the treatment by enemata, to intermit for several days at a time, in order to ascertain what progress has been made. Where there is atony of the rectum it is well to give injections of pure cold water, with or without the addition of common salt, and these are recommended also in the after-treatment. The diet should consist chiefly of meat and milk. In cases of habitual constipation, without catarrh, or any apparent lesion of the large intestine, the author begins at once with enemata of sulphate of soda. The first injections are warmed, and contain about two tablespoonfuls of Glauber's salt in three pints of water. Instead of pure water, the salts may be dissolved in Karlsbad water with advantage. Each day the water is used colder, and chloride of sodium is usually added to it. A mixed diet (excluding starchy food) is ordered. When a clearing out of the entire intestinal tract is sought, a glass or two of cold soda-water, with a little sour wine, is ordered. In feverish conditions, or when the stools contain streaks of blood, very cold solutions of Glauber's salt and chloride of sodium are advised. The advantages of the rectal administration of the salines are summed up by Dr. Jaworski as follows: (1) The patient is spared the disagreeable taste and the nausea so often following the taking of salines. (2) Such a strict regulation of the diet is unnecessary, and the salts may be given even after a full meal. (3) The entire intestinal tract is not uselessly irritated, but the remedy is locally applied, and acts for the most part only on the diseased portion. (4) The dose can be more easily regulated, for when salines are given by the mouth, the amount that reaches the rectum, or acts upon it in any way, is a very uncertain quantity. (5) The

local effects of heat or cold may be obtained, together with those of the medicines employed, when the latter are given by enema. (Medical Record.)

RUPTURE OF THE TENDON OF THE QUADRICEPS EXTENSOR CRURIS ON EACH SIDE.—Dr. L. A. Stimson presented a patient with the following history: The patient is a rather small, spare man, fifty-eight years old, who has always been healthy. Ten years ago he slipped while walking, fell backward to the ground and found himself unable to use his right leg. He had broken the tendon of the quadriceps apparently at its junction with the patella. The knee became at once painful and swollen, and he remained unable to walk for four weeks. During the the following six months he walked with a cane, and noticed disability of the limb when going up or down stairs, finding himself unable to support his weight upon it when the knee was partly flexed. After the expiration of the six months he discarded the cane and considered the limb about as good as ever; he could carry a load of fifty to seventy-five pounds up-stairs in the usual way, taking the steps with each foot alternately and not aiding himself with his hands. He says the appearance of the knee differed from what it was before the injury; that there was a depression above the patella, and the anterior edges of the condyles were prominent.

Three years afterward (1876), he broke the tendon of the left quadriceps by a similar slip and fall backward. It was treated in the Chambers Street Hospital, by rest in bed with the limb bandaged upon a posterior splint. The knee was swollen and painful for three weeks, and more or less stiff for six months afterward. Then he resumed work as a porter, and worked steadily until January, 1883, his right leg being all this time stronger than the left. His duties frequently required him to carry loads of fifty to one hundred pounds on his shoulder. In walking he kept the knee almost perfectly straight, and occasionally he fell heavily, this happening whenever he slipped and bent the knee. In going up and down stairs he always

aided himself with his hands on the banisters; he says he was always fearful lest he should fall. Yet he carried weights, and even climbed ladders. He could not rise from a sitting posture without aid, unless the seat was so high that the knees were extended.

Early in January, 1883, the right knee-joint suppurated, from unknown cause, and he entered Bellevue Hospital. The joint was opened in the median line above the patella, drained, and immobilized. The discharge ceased about the end of February.

His present condition is as follows: Left knee. When the knee is flexed nearly to a right angle, the anterior surface and edges of the condyles are very prominent, and the patella lies below, leaving a deep sulcus above it, between the condyles, occupied only by skin and cellular tissue; the skin is rather closely bound to the condyles, so that it does not move upward as freely as the patella. The patella can be raised from the condyles, and the finger passed between it and them from above to the distance of nearly an inch, by pushing the skin before it. The quadriceps is atrophied to such an extent that the femur seems almost subcutaneous in front. The power of active extension is entirely lost. Even when the leg is hanging straight down, with the knee slightly flexed, the foot can not be moved forward in the least except by swinging it. Right knee still somewhat swollen, and the soft parts indurated. The patient says that its appearance before the suppuration in January last was almost exactly the same as that of the left knee. The quadriceps is not so completely atrophied as the left, and the patient says the right has been the better limb of the two. He walks now with one crutch, taking short steps. (Annals of Anatomy and Surgery.)

Aphasia at the Commencement of Tubercular Meningitis.—Dr. Schutz relates the case of a man with fungoid arthritis of the elbow, who was suddenly seized with aphasia without any other paralytic symptoms. He could read and write, but

was unable to pronounce a word, even if it was spoken before him. Soon other symptoms appeared, cephalalgia, facial paralysis, and periods of excitement followed by depression; then deafness, pain in the neck, strabismus, and dilatation of the pupils, followed by coma and death. The autopsy revealed tubercular meningitis. Aphasia has usually been regarded as a late, rather than an early symptom of this disease. (*L'Abeille Médicale.*)

THE HYPODERMIC INJECTION OF BLOOD.—We take the following from the Medical Record: In the *Archivio per le Scienze Mediche*, Dr. Carlo Bareggi presents a *résumé* of a prize essay written by him, and published in Milan in 1882, upon the subject of the hypodermic injection of blood. His conclusions were derived from physiological experiments upon animals and clinical investigations in disease. Various methods were practiced, and blood from different sources was used, but the best results were obtained with defibrinated blood taken from the same species as that of the receiver. In the human subject a donor was selected who was perfectly healthy and free from any hereditary diathesis, and, if possible, younger and of the same sex as the receiver. If more than six ounces of blood was desired it was obtained by venesection, but when a smaller amount than three ounces was wanted it was taken by means of a wet-cup in the palm of the hand. In the earliest experiments he employed an ordinary Pravaz syringe, but later, in order to avoid the great number of punctures and the increased danger therefrom, he made use of an instrument similar to that employed by anatomists for injecting the minute blood-vessels and lymphatics. The author sums up the results obtained, as follows:

1. Hypodermic injections of blood in amounts of one gram are absolutely innocuous. When greater quantities are used, the injections are relatively harmless according to the regions of the body in which they are practiced and the method employed. The parts of the body which best tolerate the injections are

indicated in the original memoir, where also the best method of operating is described in detail.

2. In man, hypodermic injections of blood are always followed by a slight febrile movement, varying in duration from a few hours to, at the most, two days.

3. The red globules of homogeneous blood, defibrinated or not, injected into the subcutaneons connective tissue, are absorbed, in part at least, unaltered, and pass into the general circulation. Their course is from the lymphatic spaces in the connective tissue into the lymphatic vessels leading from the part, through the glands met with on the way (unless these are in an advanced stage of fibro-adipose degeneration or in some other way profoundly altered), and thence into the receptaculum chyli and thoracic duct. They were found in the principal lymphatic trunks of the part twenty minutes after the injection was practiced, and even after three days numbers of them in a good state of preservation were encountered in the thoracic duct. The greatest number was met with twelve hours after the injection, but even after fifteen days, quantities of red globules, but little changed, were seen passing from the cellular tissue into the circulation. Absorption of the mass of injected blood proceeded rather slowly in individuals in whom the circulation was sluggish; especially in those in whom there was considerable subcutaneous adipose tissue, but more rapidly under normal conditions of the heart's action and in persons in good general condition. The red globules were unchanged after remaining many days in the cellular tissue, except in cases in which there was considerable febrile reaction.

4 Hypodermic injections of blood are capable not only of arresting the progressive deterioration in the quality of the circulating fluid, caused by insufficient nourishment or repeated losses, but also of increasing, in spite of such persistent influences, the corpuscular richness of the blood.

5. This increase in the relative proportion of red globules is equal, or very little inferior, to that obtained by the administration of ferruginous tonics in cases in which these remedies are

tolerated. The improvement shows itself very soon after the first injection, and persists long after the treatment has been discontinued. Together with increased richness of blood comes a marked improvement in the general nutrition and nervo-muscular force.

6. To obtain such effects, it is necessary to repeat the injections several times at intervals of five to fifteen days, and to inject each time a considerable quantity of blood. In one case Dr. Bareggi made four injections, of one hundred, one hundred, one hundred and twenty, and one hundred and thirty, grams (three to four ounces) respectively in twenty-nine days. The relative proportion of hemoglobine was more than doubled. In a second case four injections, of two hundred, three hundred, one hundred and fifty, two hundred and forty grams (four and a half to nine and a half ounces) respectively were practiced in the course of twenty-two days, and the proportion of hemoglobine was nearly doubled.

7. If these results are compared with those obtained by intra-peritoneal transfusion, it will be seen that they not only equal but surpass them, and that without any danger to the patient, and by a method at once easy and inexpensive. "In the hypodermic injection of blood, therefore, we have a new and most valuable therapeutic resource. It is especially adapted to the treatment of those cases of slowly progressive anemia in which the digestive canal is extremely irritable and unfit for the reception, retention, digestion and transmission to the blood of nutritive materials and medicaments."

WOUND OF THE INTERNAL JUGULAR VEIN—LIGATION, EXCISION, RECOVERY.—Dr. T. M. Markoe presented a glandular tumor, which only served as a text for the recital of the history of the case in which an operation was performed for its removal. The case was one of lymphoma of moderate size occurring at about the middle of the left side of the neck in the chain of lymphatic glands behind the sterno-mastoid muscle. He made his incision so as to reach the tumor behind the sterno-

mastoid, and partly cutting and partly enucleating, without much difficulty reached the deeper portion of the tumor; but when this point was reached it was found that the growth projected forward and beneath the sterno-mastoid muscle, and he was obliged to draw the entire mass backward and outward in order to effect its removal; in so doing it became very difficult to be certain as to exactly what he saw and what was divided. In separating the attachments of the base of the growth, when the tumor was nearly separated, he was suddenly shocked by the occurrence of a hemorrhage which was something terrific. It was evidently venous blood, and was pouring out in a stream as large as his little finger from the bottom of the wound. Instantly he plugged the wound with sponges, and then the difficulty was to get at the bleeding point, which evidently was either the jugular vein or some other vein of large size. For one moment he heard a hissing sound, but he was not certain whether it was actually due to the entrance of air into the vein or not. After a little time, constant pressure upon the bleeding point being continued, he carefully and slowly withdrew the sponge, constant pressure also being maintained both above and below, and was able after several trials, during which much blood was lost, with the forceps to catch first the anterior source of the hemorrhage, and passed a ligature about it. Bleeding from this point was arrested permanently and perfectly. Then the posterior and deepest portion of the wound was dealt with in the same way, and he finally caught a large portion of tissue including the bleeding point, threw a ligature about it, and the hemorrhage ceased. When this had been done, he found that the point from which the hemorrhage came was just above the bifurcation of the common carotid artery, and the bleeding was evidently from where the lingual and superior thyroid veins unite and empty into the jugular vein, which vessels he had tied. The other ligature was found to be on the side of the internal jugular vein. It was tied firmly, but he felt unwilling, and so he had always felt, to leave a lateral ligature on the jugular vein

He therefore dissected the parts carefully, exposed perfectly and clearly the vessel, put a ligature around it above and below, and cut away a piece between, partly to release the tension and partly because he wished to see the lumen of the vessel, in order to be sure of what had been done. The points of the severed vein were now at least two inches distant from each other. The wound was left open to heal by granulation. The progress of the case was most favorable, and the patient is now perfectly well, no unfavorable symptom having developed, no local hemorrhage having occurred. Dr. S. W. Gross had collected the largest number of cases of ligation of veins, and had recorded fatal results in twenty-two out of one hundred cases, the fatal results being largely due to phlebitis and septicemia. Of these twenty-two cases, in five the patients died of secondary hemorrhage, and it was a singular fact that in every one of these five cases the ligature had been applied to the side of the vessel. No death had occurred from secondary hemorrhage, in any case included in his tables, from ligature of the vein in continuity or at its cut extremity. Dr. Markoe believed that the proper plan to pursue was to throw a ligature completely around the vessel, and to leave the wound open to heal by granulation. (Annals of Anatomy and Surgery.)

THE TREATMENT OF DILATATION OF THE STOMACH.—The Med. Times and Gazette, July 28, 1883, says: Under the title of gastritis, atrophy and dilatation of the stomach, Dr. James Russell records (Birmingham Medical Review) the case of a man aged twenty-six, whose symptoms extended over a period of ten years, dating from an acute attack of ill-defined nature, probably gastritis. "This attack permanently changed the digestive power of the stomach; from that time the patient lost the ability to assimilate animal food, with the important exception, however, of milk. Ten years afterward we found that meat, finely comminuted and given in small quantity, remained for two days in the stomach and was then rejected, unchanged." The patient was thin, but not cachectic, and there

was considerable dilatation of the stomach. It was found that, even when tried most carefully, all kinds of solid albuminoid food were rejected after a more or less brief stay in the stomach. Milk alone could be retained. Of some substances (*e.g.*, cod-liver oil) the stomach was exceedingly intolerant and immediately rejected them. Washing the stomach out by means of the siphon-tube was tried, but it produced considerable distress and did no good. In the ordinary forms of atrophy of the stomach, the peptic glands are the chief sufferers, and the patient is able to assimilate the hydrocarbons. In this case, however, the patient was very thin, and unable to digest any thing but milk; a condition of subacute or chronic gastritis was constantly kept up, and as a result of these changes and the impaired general nutrition which necessarily followed, a state of dilatation of the stomach was induced. This, of course, tended to keep up the mischief by permitting the accumulation of food in the stomach and favoring its decomposition. The remedy for this state of things employed by nature is vomiting, and cleansing the stomach by means of the siphon-tube is therefore the proper line of treatment to adopt. In the case above alluded to it failed, probably in great measure owing to the organic changes that had taken place in its structures. The value of washing out the stomach in cases of dilatation of that body is well shown by three cases given at the conclusion of the paper, in one of which the patient found such relief from it that he sometimes resorted to it twice a day.

Communicability of Disease by Food.—Except the diseases associated with tapeworm and trichinæ, the only animal diseases which there is or has been ground for regarding as transmissible to man, through ingested meat, are cattle-plague, swine-typhoid, epizoötic pleuro-pneumonia, foot and mouth disease, anthrax and anthracoid diseases, erysipelas, and tuberculosis. Mr. Francis Vacher, medical officer, of Birkenhead, England, having examined the evidence in respect to the communicability of these seven diseases, has announced the con-

clusion, in the "Sanitary Record," that only two of them—foot and mouth disease and anthrax—can as yet be pronounced communicable to man by infected flesh, while the communicability of the others, although it can not be positively denied, remains unproved. Cattle-plague has been supposed to be allied to various forms of human disease, but pathologists now refuse to accept such kinship in any shape. The possibility of communicating even a mild form of disease by eating meat infected with rinderpest is not supported by any recorded instance; yet experiments whether such food would convey infection must have been tried millions of times. Instances are cited in which thousands of affected cattle were eaten during epizoöties with no bad results. Typhoid fever of swine was declared by Dr. William Budd, in 1865, to be the exact counterpart of enteric fever in man, but his conclusion has recently been found untenable after a most exhaustive research. The meat of swine ill with it is of inferior quality and diminished nutritive value, and is unfit for food in an advanced stage of the disease, but it does not carry typhoid fever. Epizoötic pleuro-pneumonia taints the whole carcass of the animal affected, and communicates blood-poisoning by inoculation. Dr. Livingstone says that in South Africa the meat of animals that died of it caused malignant carbuncles in those who ate it. Dr. Letheby relates that a number of persons were made sick by eating sausages made of it in London in 1860. Dr. Gamgee mentions a prevalence of carbuncles in a convict establishment where such meat was used, which ceased when the use was discontinued; but similar meat has been used largely in Paris, the north of France, at Lille, and even in England, without visible dangerous effects. Cattle fed on parts of diseased hogs, and made to drink the food from diseased pleuræ, and animals in the Zoölogical gardens fed on the meat suffered no ill effects. The communication of foot and mouth disease to man, according to Gamgee, "admits of no doubt." The disease has been transmitted by drinking the milk of animals affected and by inoculation, and there is a strong presumption that it can be conveyed by ingested meat. The

existence of anthrax is determined by the presence of the *bacillus anthracis* in the blood of the subject. It is communicable by contact, for the bacilli can make their way through capillaries and large vessels, and can pierce the skin and insinuate themselves where it has not been broken. Experiment shows that the disease "can be as readily conveyed by food as in any other way. If any portion of food ingested contains live bacilli, or their spores, the consumer runs a terrible risk; and the tenacity of life of these organisms is so great we can not assign a limit to it." Several forms of disease have been referred to anthracoid causes. Whether they are anthracoidal or not can be ascertained by searching for the bacillus, which, if present, may be seen with a glass of not very high power. The communicability of erysipelas to man from infected food, though exceedingly probable, is hardly capable of direct proof. To convey it through food by inoculation only requires that it be present in the food, that the food be imperfectly cooked, and that the consumer have a minute wound in his mouth. With regard to tuberculosis, Mr. Vacher contends that direct evidence of the human form of the disease having been conveyed by ingested flesh from animals affected by bovine tuberculosis, or "pearl-disease," is wanting, although such flesh is daily sold and bought in the open market, and daily consumed by all classes. The indirect evidence "has really little bearing upon the point at issue."

Removal of a Large Renal Tumor by Abdominal Section.—Dr. Henry G. Rawdon reports the case of a female child, aged sixteen months, first seen on August 31, 1882. The mother stated that she first observed a swelling on the left side about two months previously, and that, coincident with the enlargement, she noticed her becoming fretful and poorly, and getting much thinner.

The child had, for a few weeks prior to admission, been brought as an out-patient. During that time the tumor had increased, but not to any marked extent.

The tumor, which was easily made out, occupied the entire space between the left costal cartilages and the crest of the ilium. It extended at least an inch beyond the median line, and could be felt in the lumbar region. The tumor was to a certain extent movable, and on palpation gave the impression of a solid elastic growth of a globular shape, with a generally smooth surface, but with two or three prominences upon it. The urine was ascertained to be free from blood and albumen. On September 2d, under antiseptic precautions, an incision was made in the linea, extending about two and a half inches above and an inch below the umbilicus. As soon as all bleeding had ceased, the peritoneum was divided and the tumor reached. The descending colon passed downward over the tumor, which was very intimately embraced by it, the peritoneal attachment of this intestine being so connected with the tumor that it could only be separated with great difficulty, from fear of laceration.

When the growth was freed from its connections, the pedicle, which included the renal artery and veins, was securely tied with carbolized silk. The ureter, together with some cellular adhesions, was separately ligatured.

The pedicle was now divided at a safe distance from the ligatures, and, after enlargement of the external wound, the tumor was removed. During the operation there was an unavoidable loss of a small quantity of blood—probably not more than an ounce—from tearing adhesions connecting the colon to the tumor in the first instance and its cellular attachments. Before putting in sutures and closing the wound, the cavity in which the tumor lay in the lumbar region and the pelvis was carefully sponged out, and no oozing was noticed.

The child was much collapsed for two hours, but then slowly rallied fairly well. In the evening she seemed free from pain, was able to take a little nourishment, and appeared to be doing as well as could be expected; but in the night, fifteen hours after the operation, she sank somewhat suddenly.

An examination was made next day. The peritoneum was found to contain about an ounce of altered blood or sanious

serum. The ligatures were found to be secure. The small oozing must therefore have come from torn adhesions.

The cause of death was not clear, but suspicion pointed to commencing septicemia or peritonitis, or possibly it may have been due to the antiseptic (that is, carbolic spray and dressings).

The tumor was decidedly carcinomatous. It was globular in form. The prominences upon it were more rapid growths of the same kind, only more friable and softer. Internally it contained several cysts, inclosing a deep straw-colored fluid. It weighed sixteen and a half ounces. No trace of the true renal structure remained. (Liverpool Med.-Chir. Jour.)

RESECTION OF THE INTESTINE.—Dr. Teresino Prati gives the history of a case in which he resected two and two fifths inches of intestine. When the case was seen, the diagnosis of *strangulated left crural hernia, entero-epiplocele, which was in all probability gangrenous*, was made. The woman was aged sixty-one. In her twelfth year she had had inguino-crural hernia of the left side, and in the seventeenth year had umbilical hernia following delivery. No cause could be assigned for the occurrence of the present difficulty. It came on suddenly during the night. Five days after it appeared she came under observation. Prati determined to open the sac, reduce, and, if necessary, perform resection. The patient was chloroformed, the salicylate spray used, the parts washed with a disinfectant solution, and an incision of about three and one fourth inches in length made along the greatest diameter of the tumor and parallel to the inguino-crural fold. The sac was found filled with sero-sanguinolent fluid, of which it was emptied, and it was then found that a portion of the peritoneum was included in the hernial sac. The intestine was of a dark slate-color, edematous, and distended with gas. It was also found that there was an adhesion of the intestine to the neck of the sac, which it was impossible to rupture safely. A further examination revealed a large ulcer in the non-mesenteric portion of the circumference of the intestine which had been caught in the neck of the sac. The strangulated portion

of the intestine measured about one and one fifth inches, was edematous, slate-colored, and contained the ulcer already mentioned. Fearing that if the intestine was returned in that manner there would be perforation and escapes of fecal matter through the ulcer, Prati resected two and two fifths inches. Excision of the margin of the ulcer and subsequent suture were not feasible in this case, as a large part of the lumen of the intestine was destroyed. The patient died twenty-eight hours after the operation, apparently from shock.

Prati draws the following conclusions regarding resection of the intestine: (1) Intestinal resection is a rational operation. (2) One may resect a small portion of intestine without completely disturbing the digestive functions. (3) In performing the operation the resected portion must extend into healthy tissues. It is extremely important that the peritoneal surfaces unite by first intention; and in order that this may be brought about, healthy tissues must be brought into apposition. (4) The indications for the operation are carcinoma, epithelioma, and other intestinal tumors, fibrous or cicatricial stenosis, and gangrene from strangulation. (5) The patient may be fed *per orem* with liquid food, or rectal alimentation should be employed. No solid substance should be allowed to pass the intestinal wound. (6) It is certain that the patient, in the case reported, died of shock. (*Annali Univers. di Med. e Chir.*)

The Variation and Disappearance of Cardiac Murmurs. Dr. E. Hyla Greves writes, in the Liverpool Medico-Chirurgical Journal, concerning the variations and changes so often observed in certain cardiac murmurs, dependent on definite organic lesions. He relates the history of several cases, from a a study of which he draws the following conclusions: (1) Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance

must not be placed upon the presence or absence of murmurs, but other symptoms must receive careful consideration, for often on them alone is it possible to form a correct diagnosis. (2) The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. (3) Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed this condition is recovered from, as is indicated by the disappearance of the murmurs. (4) Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. (5) Aortic diastolic murmurs, in certain extremely rare cases, have been known to disappear. In these cases a systolic aortic bruit is always present and remains persistent, thus indicating the existence of the lesion. (6) Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.

Decoction of Lemon in the Treatment of Intermittent Fever.—Dr. Maghen states, in the *Giornale di Clinical e Terapia*, that he has obtained excellent results in the treatment of intermittent fever and the malarial cachexia by a decoction of lemons. The remedy was recommended to him by another physician, and he tried it first in some old, inveterate cases, without, however, anticipating any remarkable results. The decoction is prepared as follows: A lemon, as fresh as can be obtained, is cut up into small pieces and put into an earthen vessel. Three glassfuls of water are poured in and boiled down to one glassful, which is then to be strained through a linen cloth and cooled in the open air. As a result of his trials of this remedy, the author arrives at the following conclusions: (1) Decoction of lemon, employed in malarial affections, gives results equal, and even superior, to

those obtained from quinine. (2) It not only cures when quinine does, but even in those cases in which the latter remedy is useless. (3) It is equally effective in cases of chronic malarial cachexia. (4) It presents none of the disadvantages of quinine (irritation of the mucous membranes and tinnitus aurium). (5) Its administration is possible, even in catarrhal conditions of the digestive tracts. (6) In addition to these advantages, it possesses the further recommendation of cheapness. In commenting upon these conclusions, Dr. Kahn (*Bulletin Général de Thérapeutique*) states that the natives of French Guiana employ with success the decoction of lemons to ward off a threatened attack of chills and fever. (Medical Record.)

Diagnostic Value of Uterine Hemorrhage after the Menopause.—Dr. T. Gaillard Thomas states, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but was simply a form of polypus.

I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied.

Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata. (N. Y. Med. Jour.)

RUPTURE OF THE SCIATIC NERVE. — Dr. Conrad Küster reports a case (*Berlin. Klin. Woch.*) in which a rupture of the sciatic nerve was mistaken for rupture of the neck of the femur. The patient, a strong man, aged thirty, slipped and fell backward while walking. He immediately felt a severe pain in the right leg, and numbness in the foot. He was unable to stand, and was carried to his house, where Küster saw him on the following day. At that time he was suffering great pain in the limb—so great that a dose of morphia only partially relieved it. The limb was rotated outward and seemed shortened. There was slight swelling in the neighborhood of the hip-joint, and pain on pressure was most severe at this point. At first sight, there seemed to be a fracture of the neck of the femur. This diagnosis had been guardedly made by two physicians who saw the case soon after the accident, but on account of the intense pain had not made an examination. Dr. Küster diagnosed rupture of the sciatic nerves as there was no crepitation, and passive movements caused but little pain. The subsequent conduct of the case confirmed this diagnosis. Morphia was given to relieve the pain, and warm baths administered as soon as possible. The patient was in bed over six weeks, and five months afterward was able to go about with a crutch and stick. (Practitioner.)

THE RELIEF OF TOOTHACHE.—Dr. Kenneth W. Millican thus writes, in the British Medical Journal, September 1, 1883: Possibly the following may be of use; I have found it very successful. It is a modification of a method recommended by Professor Babaieff to the Caucasian Medical Society. Melt white wax or spermaceti, two parts, and when melted, add carbolic acid crystals, one part, and chloral hydrate crystals, two

parts; stir well till dissolved. While still liquid, immerse thin layers of carbolized absorbent cotton-wool, and allow them to dry. When required for use, a small piece may be snipped off, and slightly warmed, when it can be inserted into the hollow tooth, where it will solidify. The ease produced by this simple method is really very great.

THE THERAPEUTICS OF BUTTERMILK—The Canada Lancet, August, 1883, says: Buttermilk has at least three therapeutic properties more or less marked. It is a decided laxative to the bowels, and this fact should be borne in mind in the treatment of typhoid. This affords a hint for its use in habitual constipation. Buttermilk is a diuretic, and may be prescribed with advantage in some kidney troubles. Owing to its acidity, combined with its laxative properties, it is believed to exercise a gentle impression on the liver. It is well adapted to many of the cases where it is customary to recommend lime-water and milk. It is invaluable in the treatment of diabetes, either exclusively or alternating with skim-milk. In some cases of gastric ulcer and cancer of the stomach it is the only food that can be retained.

RESORCINE IN ERYSIPELAS.—Dr. Bogusch has secured excellent results (*Lyons Médicale*, June 17, 1883) from hypodermic injections of a five-per-cent aqueous solution of resorcine along the border of the affected part, about three lines from each other, the point of the syringe being directed toward the inflamed part.

Notes and Queries.

PARTURITION AMONG THE MAORIES.—In connection with the articles that have appeared in the various periodicals within the past year or two regarding labor among primitive and barbarous peoples, we make the following extracts from a letter in the Australasian Medical Gazette, May, 1883 (Boston Medical and Surgical Jour.), from a practitioner who has had abundant opportunity to witness the customs in that regard among the Maories. The women are as a rule very well formed, and in ordinary labors they manage things admirably, only calling in a white doctor when there is great delay, or when from other causes they become frightened. The writer says:

The Maori *modus operandi* during labor is as follows: When the woman is taken in labor, she, with one or two of the same sex, goes into the titree, or manuka scrub, some two hundred yards or so from the whare, and if the weather is bad a tent is erected, according to the circumstances of the family. In fine weather no preparation is made. They are never confined in their own whares. The posture during labor is the kneeling one; the woman clasping her arms around one of the attendants, who supports and presses the abdomen, while the other receives the child at birth from behind.

The placenta is removed by pressure on the womb through the abdominal wall, and if there is any difficulty, the woman goes at once into the cold or tepid water, and by kneading the womb, as above described, the object is attained.

The placenta is invariably buried secretly. Allowing time and using pressure from without are their only modes of conducting labors. In cases that did not yield to these means the woman is allowed to die.

They know no internal operations at all; but, as one of my

most intelligent Maori informers said, "There is very seldom any trouble. Often the woman delivers herself alone, and brings in a kit of potatoes as well as the child."

On the completion of labor the mother and child bathe in the nearest *cold* water lake or creek (this *is* a custom which may some day be employed in our mdiwifery system for expelling clots), and after a good washing return to the whare. In very cold weather tepid water is used to wash the infant. In this district warm water is used often for washing the first-born, but should the child die, cold water is always used for succeeding children in that family. This is a Maori custom.

In delayed labors the Maori priest-doctor, or "to-hunga," is called in. He with incantations, etc., beguiles the weary hours, and should time effect the desired object, he is accounted a great man. In connection with their free use of cold baths, the author mentions the fact, interesting to compare with our own practice of hydrotherapy, that, having among the Maories a large number of fever cases (badly marked typhoid, with symptoms of an aguish type) he found it was the custom of his patients to bathe regularly in the cold water creek flowing through the "pah," or in the lake, whenever they felt their "skins very hot." No ill effects followed, and almost all the cases did well.

HOMEOPATHY.—In answer to a correspondent, who had proposed a test of homeopathy in one of the London hospitals, the Lancet says: "Our correspondent does not seem to be aware that homeopathy scarcely exists *as understood by Hahnemann.* Its most popular exponent in London has published a new doctrine of therapeutics, directly contradicting Hahnemann's fundamental principle. We published last week the suggestion of a Hahnemannian journal, to drop the word 'homeopathy' out of existence, as the only means of averting the imminent dissolution of the school. We are quite aware that there are sections of the public that believe in homeopathy; but they are attended by those who have abandoned all its essential principles while still retaining the name. The argument that homeopathy only

needs a trial is quite untenable. It has been on its trial eighty years—as long, in fact, as vaccination. While vaccination is accepted by the whole world of scientific and rational men, homeopathy is without a chair in any university of Europe, and it is proposed by its own leaders to drop the very name. The attitude of scientific medicine to it *ab initio* is thus thoroughly justified. The attempt to take shelter under the name of Dr. Sydney Ringer is now rather a favorite device of homeopaths. But it will not save either their scientific or their moral position. Dr. Ringer takes medicines as he finds them, and investigates their action in health and disease unhampered by authority, and he does not trade on a name."

A Novel Method of Bleeding.—Chas. Coppinger, F.R.C.S.I., Dublin, writes to the British Medical Journal as follows: "I was asked, some time ago, to visit a lady in the country—a fat, full-blooded person, over fifty years of age, who had been complaining of various nervous affections. Twenty-four hours previously to my visit, she had, without any thing which could be called 'a fit,' dropped into a state of stupor. When I saw her, she was asleep and breathing heavily; but she could be roused by speaking to her, and made to answer questions in a stupid fashion; after which she relapsed into sleep. She presented all the symptoms of high arterial tension, and an over-loaded vascular system; and the treatment seemed clearly indicated. She was induced to swallow a strong purgative; and, as leeches could not be procured without great delay, the advisability of blood-letting was recognized by the local medical man in attendance and myself. The friends of the patient, however, who were ladies, seemed greatly surprised at the idea. They stated that the lady had been in the same condition before, and recovered; and also that an eminent physician had attributed all her symptoms to weakness, prescribing the most nourishing food, etc. They consented to the 'operation,' but they were obviously horrified at the idea.

"Under the circumstances, I determined to adopt the follow-

ing device, the accomplishment of which was facilitated by the fact that the patient chanced to have been treated, a short time before, for hemicrania, by hypodermic injections of morphia. She was roused up, and told that 'the needle' was to be inserted into the skin of her neck, to which she at once consented. The needle, not of a hypodermic syringe, but of an aspirator, was then introduced into her left external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result was so satisfactory that, after half an hour, I repeated the puncture and drew off in the same fashion the full six ounces which the aspirator was capable of holding. The patient recovered, and neither she nor her nervous lady friends in the room had any idea she was bled until the matter was subsequently explained to them. I mention this novel mode of relieving an over-burdened circulation, because it seems to me a method which can occasionally be resorted to with great advantage."

THE ETIOLOGY OF NATIONAL DECADENCE.—Dr. Decroix in a communication to the Academy of Medicine of Paris assigns the use of tobacco as a cause for the present condition of Spain and the coming condition of France. He says: Spain was once the mistress of the sea, the proud ruler among nations, the queen of poetry and song, the home of chivalry and valor, rich, proud, beautiful, wise, virtuous, and renowned. It sent its fleets to the far West to explore the new land, and to bring back its treasures of gold and silver and precious stones. The stately ships returned, laden not only with all the riches of Eldorado, but also, alas! with the "panacea of the Indies," the noxious weed—tobacco. From that period dates the decadence of that once glorious nation. The habit of smoking the poison spread with fearful rapidity over the devoted country. It seized upon the king and the peasant, the holy bishop, and the humble donado. Lords and ladies all smoked and smoked until the once fair land was enveloped in nicotine-charged mist, and the glory of Spain was but a thing that is gone. And this is the fate

in store for luckless France. Tobacco was the cause of the disasters of the Franco-German war, and tobacco will be the occasion of far greater evils still to come.

THE BRAIN TRANSFIXED BY A RAMROD, WITH RECOVERY.—It has long been known that the integrity of the cerebral hemispheres is not essential to the continuance of life, and that they may undergo considerable morbid change or mechanical injury, accompanied by extensive loss of substance, without fatal result, or even serious impairment of the vital functions.

Bearing upon this point, Fischer reports, in the *Deutsche Zeitschrift für Chirurgie* (Bd. xviii), an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod, without fatal result. The ramrod, which was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upward in the deeper tissues of the right side of the neck through the base of the skull and brain, and projected to the extent of thirty centimeters out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull, by the strokes of a hammer, and taken out at the neck. The patient recovered, except that he remained blind in the right eye.

An effort to imitate the injury on the dead body showed that in the neck no important vessel or nerve was injured, that the instrument entered the cavity of the skull through the right optic foramen, tore the optic nerve, and then entered the space between the two frontal lobes, and penetrated the brain only to the slight extent of three centimeters, and wounded only the anterior edge of the left superior frontal convolution.

This case is similar to that reported by Bigelow in the American Journal of the Medical Sciences for July, 1850, in which a pointed iron crowbar was driven through a man's head by the premature explosion of a blast. The bar entered the left side of the face, near the angle of the jaw, and passed obliquely upward inside the zygomatic arch and through the anterior part of the

cranial cavity, emerging through the frontal bone in the median line, in front of the union of the coronal and sagittal sutures. This patient became delirious and comatose, but subsequently also recovered, although with loss of vision in the eye of the injured side, and lived for twelve years. (Medical News.)

MAGNESIA IN BEER.—As a custom of adding magnesia to beer to preserve it is now becoming general, a word in time from the medical profession may avert what threatens to become a danger to health. Formerly to preserve beer, only salts of lime and the alkalies were used; these imparted harsh and soapy tastes respectively. As magnesian compounds are not so perceptible (when in beer) to the taste, their use in brewing is replacing that of lime. Pure beer itself contains more magnesia than can be taken with impunity by many constitutions, the addition of further quantities, under names known to the trade as "antacid," to correct beer, "C and D," to preserve it, "concentrated Burton water" to harden brewing water, may easily increase the amount to an injurious quantity. Brewers do not inquire into the nature of the chemicals now largely used by them, and can not be aware of their effects. It is time that they were reminded that the continual drinking in a popular dietetic of salicylic acid, magnesia, vegetable bitters, etc., is a question which concerns the public health quite as much as their own profits.[1] Drinking-waters containing extessive quantities of magnesia are frequently condemned; beer can disguise more, and should be closly watched. In obscure cases of purging, it will be well for the medical adviser to bear in mind the possible, but hitherto unsuspected, presence of excessive quantities of magnesia in beer. (British Medical Journal.)

GENEROUS RECOGNITION.—It is said that the Emperor of Brazil has given Prof. Lacerda $20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

THE CONDEMNATION OF VESALIUS. — *Apropos* of a recent painting representing Vesalius starting back affrighted at discovering signs of life in a man whom he supposed dead, and whose thorax he had just opened, M. Bouchut writes in the *Paris Médical* that the subject of the picture is historically incorrect. The story is, that upon opening the chest a movement of the heart was detected, which was taken as proof that the subject was yet alive. For this Vesalius was tried before the Inquisition, and condemned to death, but at the urgent solicitation of Philip II this sentence was commuted to a pilgrimage to the Holy Land. A Spaniard, named Morejon, has shown, however, that no such thing ever occurred. Vesalius was never tried before the Inquisition, and consequently never condemned. His pilgrimage to Jerusalem was made because of ill health, and from pious motives, and it was only with great difficulty that he could obtain from the king, whose physician he was, permission to undertake this journey.

OPPOSITION TO HOMEOPATHY IN AUSTRIA.—According to the Austrian papers, a medical man, named Schmidt, left a sum of $12,500, some years ago, for the purpose of establishing a chair of homeopathy at the Vienna Medical College. The Minister of Public Instruction invited Professor Seidelmann, a short time since, to report upon the technical value of homeopathy. His somewhat lengthy treatise (the views of which are fully agreed in by Professor Rokitansky) expresses the opinion that the teaching of homeopathy at the institution in question would be unworthy of the present situation of medical knowledge. Acting on this report, the Government is said to have refused to accept the legacy, the ultimate disposal of which is now a matter of some uncertainty.

INFANTILE CONSTIPATION.—In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hatton (Lancet) may prove serviceable: Take one quart of bran meal, tie it up

in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bed-time; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing-bottle.

DERIVATION OF THE WORD CHARLATAN.—In former times physicians received and treated their patients in their own (the physicians') houses, and seldom made visits outside, or if they did they went on foot. But there came to Paris at one time a medical genius who knew how to care for himself better than he did to cure his patients. His name was Latan. He had a wagon (char) filled with medicines, and used to drive about through the streets seeking out patients and proclaiming the virtue of his remedies. He was the first traveling-doctor, and as he went through the streets the people used to say, "*Voilà le char de Latan.*" From this came the abbreviated form, charlatan, which came to be applied to all traveling quacks. (*Berliner Tagesblatt.*)

The commonly accepted derivation of the word is from circulatanus, a corrupted form of circulator. (Med. Record.)

MALADY OF THE COUNT DE CHAMBORD.—The disease of the late Count de Chambord, according to M. Vulpian, who saw him in consultation, was characterized, from an anatomical point of view, by ulcerations of the gastric mucous membrane, and especially of the mucous membrane of the esophagus; from a clinical point of view, by a collection of symptoms which inevitably led to the diagnosis of cancer of the stomach. There was also degeneration of the kidneys.

A SUCCESSFUL resection of the pylorus for cancer was recently made by Professor Heinecke, of Erlangen.

PROFESSOR LISTER IN BUDA-PESTH.—Professor Lister has been spending a few days at Buda-Pesth. A Vienna telegram announces that on Saturday night he received an enthusiastic ovation from the medical students of that city, who held a torchlight procession in his honor. On arriving at the Queen of England Hotel, Pesth, where Professor Lister was staying, the students drew up in a line in front of the building, and Professor Lister appeared on the balcony, surrounded by a number of professors of the medical faculty of the University of Buda-Pesth. One student then addressed the distinguished surgeon in Hungarian, and a second presented the homage of his fellow-students in English, Professor Lister returning his thanks in German.

DISPOSITION OF SEWAGE.—Professor Henry Robinson remarks, in a paper on "Home Sanitation and Sewage Disposal," that the latter question should be regarded as involving a combination of sanitary and agricultural interests, of which the first is paramount and the latter should be disregarded when incompatible with it. Sewage is purified in passing through the soil by one or more of three processes: (1) By simple filtration or removal of the suspended matter; (2) by the precipitation and retention, in the soil, of ammonia and various organic substances previously in solution, and (3) the oxidation of ammonia and of organic matter with the aid of living organisms. A filter-bed may be constructed so as to have a greater oxidizing power than would be possessed by ordinary soil and subsoil, by laying over a system of drain-pipes a few feet of soil obtained from the surface of a good field, care being taken to select a soil containing a considerable amount of carbonate of lime and organic matter. Such a filter-bed would be far more porous than a natural soil and subsoil, and would possess active oxidizing functions throughout its whole depth. The presence of antiseptics interferes with the fermentation, and refuse from chemical works hinders the progress of purification. Much valuable information has been published by Drs. Lawes and Gilbert on the chemical

changes that take place in the soil under varying circumstances; and Dr. Angus Smith, a rivers-pollution inspector, has much to say in his last annual report on the action of air on sewage and the mode of treating sewage so as to hasten aëration; while in a previous report he has discussed the treatment of sewage by chemicals. Much information on these subjects may also be found in Mrs. Robinson's work on "Sewage Disposal" (Spon, London). Well-adapted lands have been found capable of purifying the sewage of about five hundred people per acre. The average amount disposed of in nineteen towns where broad irrigation was practiced was equivalent to the sewage of one hundred and thirty-seven people per acre.

MOST of us have but a faint conception of the vast extent of the writing of Galen. In a sketch of his life by Dr. G. J. Fisher, in the Annals of Anatomy and Surgery, as the result of a careful comparative computation, it was found that the united lines of the Bible amount to sixteen thousand feet, while those of a Greek edition of Galen extended to eighty-seven thousand feet, or sixteen and a half miles, exclusive of all headings, notes or references. It is five times more voluminous than the entire Bible. But this represents only his extant works. A portion of his manuscripts were destroyed by fire and not a few by the lapse of time. It is supposed that he wrote no less than five hundred treatises, of which one hundred and sixty-eight are supposed to be lost. He wrote not alone on medicine, but on mathematics, logic, and philosophy. Most of his writings were in Greek, elegant in style, but prolix and abounding in conceit, yet fluent, "fresh and familiar as if spoken yesterday."

WHOOPING COUGH.—For a boy four years of age, with an acute attack of the disease, Dr Bruen prescribes:

℞. Bromide quinine, ... grs. xvi;
Syrup gum arabic, ... fl.℥j;
Syrup ginger, ... fl.℥ j.

M. Teaspoonful four times a day; to be increased, if necessary, to eight teaspoonfuls.

Foreign Bodies on Coated Tongues.—To any one not familiar with coated tongues the following may seem interesting. The subject is not quite so important as if they were in the air-passages, but they are curious. Fibers of wood, linen, and cotton; fibers of spiral vessels; fibers of muscle, in one case eight hours after eating; starch grains; cheese mold; portions of potato skin; scales, moths, etc.; hairs from legs of bees; hairs from legs of spiders; pollen of various flowers; stamens of various flowers; hairs of cats, quite common; hairs of mouse once only; hairs from various leaves; wing of musquito, once; fragments of the leaves of tobacco, of chamomile flowers, etc. A list ten times as long could be made, but *jam satis.* (The Microscope.)

A Specific for Singultus.—This very common affection, of infants and children especially, has a specific remedy, at least one which I have never known to fail. Moisten granulated sugar with good cider vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated. I have used it for all ages, from infants a few months old to those on the down-hill side of life. (Henry Tucker, M. D., in Southern Medical Record.)

The New York Medical Record thus characterizes the American Medical Association: "A shifting, purposeless, illy-organized monster, with a floating membership of undifferentiated medical protoplasm." We believe that the editor of the Record was a member of that organization, and he probably thinks that all the rest of the members are made of the same stuff as himself; in which estimate he is as usual mistaken, the editor only suffering by the comparison. (New England Medical Monthly.)

The Therapy of Spasmus Nictitans.—Under this head Dr. Friedr. Betz relates the history of a boy, fourteen years of age, who had suffered for several years from a bilateral nictitating spasm of the lid. Several physicians had attempted to relieve

him, but in vain. The boy was healthy, and his eyesight good. He had, however, quite long eyelashes and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The result was immediately successful. (*Memorabilien.*)

DISLOCATION OF THE HUMERUS FROM SNEEZING.—Dr. William Rickert reports, in the Maryland Medical Journal, the case of a man who, while cleaning a house, felt an inclination to sneeze. He stopped work and, raising his left arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anesthesia.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF COLORADO promises to maintain the higher standard of medical education with four annual courses of nine months each. The school is open free of cost to all qualified persons, without restriction as to race, sex or place of residence. Qualification consists in the presentation of a degree in letters or science, or the passing of an equivalent preliminary examination.

DIARRHEA.—In a case of mucous diarrhea in a child of one year of age, Dr. Bruen's favorite prescription is:

℞ Bismuth subnit., ... gr. lx;
Fluid extract rhubarb, ... gtt. viij;
Syrup blackberry, ... fl.℥ss;
Elixir orange, ... fl.℥ss.
M. Teaspoonful four to six times a day.

A RIGHTEOUS JUDGMENT.—Lacombe, the French wholesale druggist who was accused of fraudulently substituting sulphate of cinchonidia for sulphate of quinine, which he supplied to the Paris hospitals last autumn, has been sentenced to a year's imprisonment and fifty francs penalty, and is also called upon to pay for the advertisement of the judgment in a dozen French journals.

THE Convocation of the University of Oxford has voted £10,000 for building a laboratory, working-rooms, and lecture-room for the Waynflete Professor of Physiology, Dr. Burdon-Sanderson. The grant was opposed by some of the members of the board, on the ground of their objections to vivisection, but was carried by a majority of three in a house of one hundred and ninety-three members.

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water, renders it easily taken by most persons. (Squibb's Ephemeris.)

UNITED STATES PHARMACOPEIA.—Any person having purchased a copy of the United States Pharmacopeia of 1880, and desiring a list of the corrections since made therein, can procure same by sending a two-cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York.

THE POLYCLINIC, published by P. Blakiston, Son & Co., is the successor of the Medical Register, and will include the principal features of that journal in its book department. The new journal is conducted by the faculty of the Philadelphia Polyclinic and College for Graduates of Medicine.

IT is reported that the Medical Department of the University of Pennsylvania is about to build a crematory for the destruction of refuse from the dissecting-room, and that the structure will be at the service of those who wish to dispose of bodies by cremation. (N. Y. Med. Jour.)

JONATHAN HUTCHINSON sums up his advice to medical students in the following formula: "Prize strength, love the beautiful, practice self-denial, and be patient."

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